

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 20     | 2/28     |
| FORMALITY REVIEW          | Zm       | 927    | 04/25/01 |
| RESPONSE FORMALITY REVIEW | A.M      | 580    | 07-26-01 |
|                           | 4C       | 89     | 9-7-01   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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4-5  
 4-25-01  
 SC-571  
 2nd RBSR  
 850  
 9/07/01